Cannabinoids widely used by the rheumatology patients with PROM factors. Previous evidence for cannabinoids in chronic pain. Previous data suggest that cannabinoids might have a therapeutic potential RA1, OA, FMS 2. Clinical data regarding cannabinoid treatment for rheumatic diseases are scarce, therefore, recommendations concerning cannabinoid treatment cannot be made. All patients who reported using it suffered from moderate to severe chronic pain. Thus main indication of usage was pain rather than recreational purpose.

Conclusion: Cannabinoids are scarcely prescribed by rheumatology patients. Most replied that 10% of their patients use cannabinoids.

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AB0954 IS CONNECTIVE TISSUE MASSAGE EFFECTIVE IN INDIVIDUALS WITH FIBROMYALGIA?

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Background: Fibromyalgia (FM) is a systemic rheumatic disease characterized by diffuse pain in the body, tenderness, fatigue and many more symptoms. Exercise is effective and safe method in individuals with FM. Connective tissue massage, another treatment method, is a reflex therapy where shear force is applied in a certain order at the connective tissue interfaces of the skin. In the literature, there is limited study related compared with clinical pilates exercises and connective tissue massage in individuals with FM.

Objectives: The aim of the study was to examine the effectiveness of clinical pilates exercises and connective tissue massage in individuals with Fibromyalgia on disease activity, number of painful regions, anxiety, biopsychosocial status and quality of life.

Methods: 32 women (age mean=52.43±8.32) diagnosed with FM according to American College of Rheumatology (ACR) criteria were included in this study. Participants were randomly divided into two groups as intervention group (n=15, mean age=48.80±7.48) and control group (n=17, mean age=55.64±7.87). While the connective tissue massage and clinical pilates exercises were applied to the treatment group, only clinical pilates exercises were applied to the control group. After the demographic characteristics and disease related data of the individuals were recorded; number of painful regions were assessed with Pain Location Inventory (PLI), disease impact with Fibromyalgia Impact Questionnaire (FIQ), functional status with Health Assessment Questionnaire (HAQ), anxiety with Beck Anxiety Inventory (BAI), quality of life with Short Form-36 (SF-36) and biopsychosocial status with Cognitive Exercise Therapy Approach (BETY) Scale were evaluated. All evaluations were made before and after treatment. All interventions were applied 3 days per week for 6 weeks by the same experienced physical therapist. One session for clinical pilates exercises consisted of 60 minutes and one session for the connective tissue massage consisted of 60 minutes. Participants were asked to do 45 minutes of clinical pilates exercises and 15 minutes of connective tissue massage. The Kolmogorov-Smirnov Test was used to determine whether the continuous variables were normal distributions.

Results: When the pre-treatment and post-treatment results are analyzed; the results were significant in the intervention group of PLI (p = 0.007), SF36 physical component (p = 0.025) and mental component (p = 0.017) and FIQ (p = 0.004), while in the control group the difference in SF36 physical component (p = 0.008) and mental component (p = 0.024), FIQ (p =0.001) and BAI (p = 0.043) was significant. Delta values were calculated by subtracting post-treatment results from pre-treatment results. When the delta values of the groups are compared, it was determined that the difference only in the PLI (p = 0.023) was significant in favor of the treatment group.

Conclusion: According to our results, connective tissue massage has been shown to be effective in reducing the number of painful areas in addition to the
positive effects of clinical pilates exercises in individuals with FM. In order to increase the effectiveness of treatment in individuals with FM, we recommend the use of connective tissue massage as an additional treatment method.

References:

Disclosure of Interests:
None declared

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AB0955 FEATURES OF THE PAIN SYNDROME IN RHEUMATOID ARTHRITIS (RA)

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Disclosure of Interests: None declared

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AB0956 VERTICAL NAIL RIDGING IN PATIENTS WITH FIBROMYALGIA: FREQUENCY, PROPOSED GRADING AND CORRELATION WITH OTHER DISEASE FEATURES

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Background: The vertical nail ridging (VNR) has long been reported to be related to stressful conditions.

Objectives: To evaluate the frequency of VNS in FM patients and its relation to other disease parameters depending on a proposed grading.

Methods: VNR has been searched for in 212 FM patients (2016 criteria). The number of fingers, the degree of VNR according to this proposed grading (0: no ridging, 1: ridging only detected by a magnifying lens, 2: ridging seen by naked eye and 3: ridging that can be seen and felt) and other FM features according to the new and old ACR criteria have been recorded. 80 subjects of those consulting for knee osteoarthritis have been examined for VNR and those found positive were asked about the FM features and examined for tender points. Patients aged >50 years and those with psoriasis and fungal infections were excluded.

Results: The mean age of patients was 32.4±9.9 (73.6% were female). The mean disease duration was 5.8±3.7, while the means of VPI, SSS and tender points were 9.4±2.9, 73.1±2 and 14.7±5 respectively, VNR was found in 209 patients (98.6%). Of 80 controls, VNR has been found in 61 subjects, of whom FM has been diagnosed in 2016 in 32 patients (52.8%) by 2016 FM criteria and in 46 (75.4%) by 1990 criteria. The number of fingers with VNR has been found only correlated with the disease duration (r = 0.276, P = 0.000). The severity of VNR was significantly correlating with fatigue (P = 0.002), sleep disturbance (P = 0.001), awaking unrefreshed (P = 0.000), WPI (P = 0.01) and tender mean points (P = 0.02). Considering the 2016 criteria as a gold standard, the sensitivity of VNR was 98.37%, the specificity was 96.8% and the diagnostic accuracy was 82.8%.

Conclusion: Vertical nail ridging is a frequent finding and can be considered helpful for diagnosis of patients with FM. Further studies are needed to validate this sign for diagnosis and follow up of FM patients.

References:

Disclosure of Interests: None declared

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AB0957 IS AQUATIC THERAPY MORE EFFECTIVE THAN LAND-BASED THERAPY IN REDUCING PAIN OF WOMEN WITH FIBROMYALGIA?

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Background: Fibromyalgia is a rheumatic disorder characterized by chronic widespread pain often associated with fatigue, unrefreshed sleep and cognitive problems with an increasing prevalence. Aquatic therapy has already been used for managing the symptoms of this syndrome. However, it is not clear whether there is a superiority of aquatic therapy over land-based therapy in improving the symptoms of fibromyalgia patients.

Objectives: Determine the effectiveness of two physiotherapy protocols: aquatic therapy versus land-based therapy, for decreasing pain in women with fibromyalgia.

Methods: The study protocol was a single-blind randomized controlled trial. Forty women diagnosed with fibromyalgia were randomly assigned into two groups: Aquatic Therapy (n=20) and Land-based Therapy (n=20). Both interventions include 60-min therapy sessions, structured into four sections: Warm-up, Proprioceptive Exercises, Stretching and Relaxation. These sessions were carried out three times a week for three months. The variables analyzed were: pain intensity (Visual Analog Scale [VAS]), pain threshold (algiometer), quality of life (Revised Fibromyalgia Impact Questionnaire [FICPI]), sleep quality (Pittsburgh Sleep Index [PSQI]), fatigue (Multidimensional Fatigue Inventory [MFI]) and physical ability (6-minute Walk Test [6MWT]). Outcome measures were evaluated at baseline, at the end of the 3-month intervention period, and 6-weeks post-treatment. Statistical analysis will be carried out using the SPSS 21.0 program for Windows and a significance level of p<0.05 was used for all tests.

Results: At the end of intervention period, both therapies were effective in improving pain intensity (p<0.05), pain threshold (p<0.05), quality of life (p<0.05), fatigue (p<0.05) and physical ability (p<0.05). For sleep quality, only the aquatic therapy group experienced a significant improvement (p<0.033). No differences were